

DARIEN YOUTH COMMISSION MEDICAL INFORMATION

Please complete the following information regarding your child's health

Child's Name _____

Physician's Name & Address _____ Phone _____

Date of last physical exam _____

Family Dentist & Address _____ Phone _____

Is your child in good physical condition? Yes _____ No _____

Does child have any medical or physical condition that staff should be aware of? Yes _____ No _____

If so, please describe _____

Please list any allergies your child has: _____

Is your child required to take medication during program hours? Yes _____ No _____

If yes, please describe _____

(Please be advised that if your child needs medication during program hours, a completed Authorization to Administer Medication form must be completed by physician & returned to NYC prior to program start date. Additionally, medications must be in original container and be given to Janice Marzano at the start of each week.)

In the event of injury or illness, and reasonable attempts to contact parent/guardian and other emergency contact have been unsuccessful, I hereby give my consent for the administration of any emergency treatment necessary by a licensed medical professional or facility.

Hospital of Choice: Stamford _____ Norwalk _____

I agree to hold the Town of Darien, its agents, employees and volunteers harmless from any and all claims for bodily injury, illness and property damage arising from the Youth Commission's Middle School Summer Activity Program.

Signature of Parent/Guardian _____ Date _____